PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004								ORD Appl		ication or Docket Number			
CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENT	птү	OR	OTHER SMALL		
U.S	. NATIONAL	STAGE FEES					1	RATÉ	FEE	]	RATE	FEE	
BASIC FEE			SMALL ENT.	= \$ 150	LARG	GE ENT. ≈ \$ 300	1	BASIC FEE		OR	BASIC FEE	300	
EXAMINATION FEE			Satisfies PCT A			ther situations = 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	JW	
SEARCH FEE			U.S. is ISA = \$ ALL other cox \$ 200 / \$	intries =		her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			26 min	us 100 =		/ 50 =		X \$ 125 =			X \$ 250 =		
тот	AL CHARGEA	BLE CLAIMS	25 min	nus 20 =	• _	5		X \$ 25 =		OR	X \$ 50 = {	250	
INDI	EPENDENT CL	AIMS		inus 3 =	•			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	340	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	·	OR	TOTAL	K/1	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY O			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 24	Minus	•• L	$\overline{1}$	=		X \$ 25 =		OR	X \$ 50 =		
	Independent	. 2	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	·	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL · FEE	
	Total	•	Minus .	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***		=		X \$ 100 =		ÒR	X \$ 200 = .		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> </ul>													
	The "Highest Nur	nber Previously Pald	For" (Total or Ind	ependent) k	s the higi	nest number found	in the	e appropriate box	in column 1.				